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## UTILITY PATENT APPLICATION TRANSMITTAL

First Inventor

(Only for new nonprovisional applications under 37 CFR 1.53(b))

	TION ELEMENTS	ADDRESS TO: Box	stant Commissioner for Patents Patent Application				
See MPEP chapter 600 concerning utility patent application contents			shington, DC 20231				
(Submit an original and a	orm (e.g., PTO/SB/17) dupluate for fee processing) mail entity status.	CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)  8. Nucleotide and/or Amino Acid Sequence Submission					
Specification	[Total Pages 1	(if applicable, all necessary) a. Computer Readable Form (CRF)					
(preferred arrangement set forth below)     Descriptive title of the invention		b. Specification Sequence Listing on:					
Cross Reference to Related Applications     Statement Regarding Fed sponsored R & D		i. CD-ROM or CD-R (2 copies), or					
Reference to sequence listing, a table,		ıi □ paper					
or a computer program listing appendix - Background of the Invention		c. Statements venfying identity of above copies					
- Bnef Summary of the Invention		ACCOMPANYING APPLICATION PARTS					
- Bnef Descriptio - Detailed Descri	n of the Drawings (if filed) ption	Assignment Papers (cover sheet & document(s))					
<ul> <li>Claim(s)</li> <li>Abstract of the</li> </ul>	Disclosure	10. 37 CFR 3 73(b) Statement Power of Attorney					
4 P Drawing(s) (35 U	S.C. 113) [Total Sheets 2]	11 English Translation	n Document (if applicable)				
5. Oath or Declaration [ Total Pages ]		12. Information Disclor Statement (IDS)/P					
a. H Newly executed (original or copy)		13. Preliminary Amend	iment				
Copy from a prior application (37 CFR 1 63 (d)) (for continuation/divisional with Box 17 completed)		14 Return Receipt Po	stcard (MPEP 503) cally itemized)				
Signed sta	ION OF INVENTOR(S) tement attached deleting inventor(s) he prior application, see 37 CFR		Prionty Document(s) s claimed)				
1 63(d)(2) and 1 33(b)		16 Other:					
	Sheet. See 37 CFR 1 76						
<ol> <li>If a CONTINUING APPLI or in an Application Data She</li> </ol>							
Continuation	Divisional Continuation-in-part (CIP)	of pnor application No					
Prior application information Examiner Group I Art Unit							
Box 5b, is considered a part of	ONAL APPS only: The entire disclosure of the pr the disclosure of the accompanying continuatio relied upon when a portion has been inadvertent	n or divisional application and is	hereby incorporated by reference.				
	18. CORRESPONDENC	E ADDRESS					
Customer Number or Bar Code Label  [Steam Customer Mile or Atlants bar code index nums]  [Steam Customer Mile or Atlants bar code index nums]							
Name	WINSTON HS	Ŭ					
	5 F, No. 389,	Fu-Ho Road	200				
Address	Yung-Ho City,	Taipei Hsien	Taiwan, R.O.C.				
City		ate 200 2 0	Zip Code 234				
Country	Taiwan, R.O.C. Teleph	one 1886-Z-8725-73	750 Fax 886-Z-8923-745				
Name (Print/Tyne)	WINSTON HSU	Registration No. (Attorne	v/Agent) 41.576				

Washington, DC 20231

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FEE TRANSMITTAL			Complete if Known					
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for FY 2001			g Dai	е				
10111 2001			Nan	ed Inv	entor	Yu-Chih Cheng		
Patent fees are subject to annual revision			niner	Name	•		4	
			ıp Ar	t Unit				
TOTAL AMOUNT OF PAYMENT (\$) 1750		Attorney Docket No. PMXPDIZ5			PMXP01250	JSA ,		
METHOD OF PAYMENT	FEE CALCULATION (continued)							
1 The Commissioner is hereby authorized to charge	3. A	3. ADDITIONAL FEES						
Indicated fees and credit any overpayments to		e Entit	y Sm:	III Enti	ty			
Account 50-0801	Cod	e (\$)	Coc	le (S)		Fee Description	Fee Paid	
Deposit	105	130	205	65	Surcha	rge - late filing fee or oath		
Name Worth America International	127	50	227	25	Surcha cover s	rge - late provisional filing fee or heet		
Charge Any Additional Fee Required Patent Office	139	130		130		nglish specification	$\vdash$	
Applicant claims small entity status See 37 CFR † 27		2,520		2,520		ng a request for ex parte reexaminatio	1	
2. Payment Enclosed:	112	920*	112	920*	Examin	sting publication of SIR prior to ner action		
Check Credit card Money Order		1,840*	113	1,840	Reques Examin	sting publication of SIR after ner action		
FEE CALCULATION	115	110	215	55	Extens	ion for reply within first month		
1. BASIC FILING FEE		390	216	195		on for reply within second month		
Large Entity Small Entity Fee Fee Fee Fee Description	117	890 1,390	217 218	445 695		on for reply within third month	-	
Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid	128	1.890		945		on for reply within fourth month		
101 710 201 355 Utility filing fee 11/0	119	310	219	155		on for reply within fifth month of Appeal		
106 320 206 160 Design filing fee	120	310	219	155		or Appeal brief in support of an appeal		
107 490 207 245 Plant filing fee	121	270	221	135	-	it for oral hearing		
108 710 208 355 Ressue filing fee				1,510		to institute a public use proceeding		
	140	110	240	55		to revive - unavoidable		
SUBTOTAL (1) (\$) 17(0	141	1,240	241	620	Petition	to revive - unintentional		
2. EXTRA CLAIM FEES Fee from	142	1,240	242	620	Utility is	sue fee (or reissue)		
Extra Claims below Fee Paid	143	440	243	220		Ssue fee		
Total Claims 5 -20**		600	244	300	Plant is:			
		130	122	130		to the Commissioner		
		50 240	123	50 240		related to provisional applications on of Information Disclosure Stmt		
Large Entity Small Entity	126 581	40	581	40		ng each patent assignment per	40	
Fee Fee Fee Fee Description Code (\$) Code (\$)		-		-	property	(times number of properties)	4	
103 18 203 9 Claims in excess of 20 102 80 202 40 Independent claims in excess of 3	146	710	246	355	Filing a (37 CFF	submission after final rejection R § 1 129(a))		
102 80 202 40 Independent claims in excess of 3 104 270 204 135 Multiple dependent claim if not paid	149	710	249	355	For eac	h additional invention to be ed (37 CFR § 1 129(b))		
109 80 209 40 ** Reissue independent claims over organal patent	179	710	279	355		t for Continued Examination (RCE)		
110 18 210 9 ** Ressue claims in excess of 20 and over onginal patent	169	900	169	900	Request of a det	t for expedited examination		
	Other	fee (sp	ecify)					
30B101AE (2)	Reduc	ed by 8	Basic	Filina F	ee Paid	SUBTOTAL (3) (\$)	40	
Sindmiddi previously paro in greater not nersistes, see shove								
SUBMITTED BY Complete (if acquireble)  Name (Great Table )  Name (Great Table )  Registration (No								
(Attorney/Agent) 4/320 Perezindre 886-2-8/15-7/336								
Signature Winston Han Date 5/2/2001								

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Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, Wishington, D.C. 2023.1 D.N.O.T. SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patients, Washington, D.C. 2023.1